

## CLAIMS ONLY

Application Number \_\_\_\_\_

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

422105		ORIGINAL		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1									51					
2									52					
3									53					
4									54					
5									55					
6									56					
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40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
Total Indep.	1								Total Indep.					
Total Depend	9								Total Depend					
Total Claims	10								Total Claims					